

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8			1			
9				1		
10				1		
11				1		
12				2		
13				1		
14				2		
15				1		
16				1		
17				1		
18				1		
19				1		
20				1		
21				2		
22				2		
23				2		
24			1			
25				1		
26				1		
27				1		
28				1		
29				2		
30				2		
31				2		
32						
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45						
46						
47						
48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.			10			
TOTAL CLAIMS			33			

3
10
33

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS